



GEOPHYSICAL SURVEYING COMPLETION REPORT

Form No. R5
Revised on 12/7/98

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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☐ Check here if you want the information in this report to remain confidential for 1 year.

FOR STATE USE ONLY

Date filed

Date released

PART I GENERAL INFORMATION

Name of operator	Telephone number	Permit number
Address of operator (<input type="checkbox"/> Check here if this is a new address)		
City	State	Zip code

PART II SURVEYING METHOD INFORMATION

<input type="checkbox"/> Seismograph (Check type) <input type="checkbox"/> Shot hole type <input type="checkbox"/> Vibroseis type	<input type="checkbox"/> Gravitic <input type="checkbox"/> Electrical or electromagnetic <input type="checkbox"/> Geochemical
<input type="checkbox"/> Magnetic	

YOU MUST SUBMIT ONE COPY OF EACH SURVEY CONDUCTED UNDER THE PERMIT

PART III SURVEY INFORMATION

Survey Identification	Section, TWP, RGE	Footages	
Transit number			
Starting point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
Ending point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
No. of shot points			
Transit number			
Starting point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
Ending point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
No. of shot points			
Transit number			
Starting point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
Ending point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
No. of shot points			
Transit number			
Starting point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
Ending point		Ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE	Ft. <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW
No. of shot points			

PART IV SHOT HOLE INFORMATION

Loaded holes undetonated (List by transit number and shot point)			
Reason charge not detonated (List for each undetonated charge noted above)			
Method used to plug shot holes			

PART V AFFIRMATION

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.	
Signature of operator or authorized agent	Date signed

Special Requirements

1. Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
2. This form must be submitted within 30 days following the completion of geophysical operations.
3. At the end of the 1 year confidentiality period you may submit a request for the division to maintain this record as a trade secret in accordance with 312 IAC 22-3-9. If you do not submit such a request this report will become a public record.